REPORT OF RETURN OF ABSENTEE	REPORT CONTROL SYMBOL

IMPORTANT NOTICE

The absentee status of the individual named below has been terminated. Military records indicate that your agency was specifically furnished a copy of DD Form 553, "Deserter/Absentee Wanted by the Armed Forces," soliciting your support. Request you clear your records of the DD Form 553 pertaining to this individual and the associated unauthorized absence indicated on this report. The Department of Defense and the Military Service law enforcement officials concerned gratefully acknowledge your participation and support of military apprehension programs.

1. DISTRIBUTION *(Same as DD Form 553 at time of absence)*

2. NAME OF ABSENTEE *(Last, First, Middle Initial)*

3. SERVICE	4. SOCIAL SECURITY NO.	5. GRADE OR RATE

6. FORMER ABSENTEE STATUS

a. FORMER STATUS *(X one)*		b. DATE/HOUR ABSENCE BEGAN *(YYYYMMDD)*
(1) ESCAPED OR SENTENCED PRISONER	(2) ABSENTEE	
	(3) DESERTER *(Administrative)*	

c. ORGANIZATION AND INSTALLATION FROM WHICH ABSENT

7. CIRCUMSTANCES OF ABSENTEE'S RETURN

a. MODE OF RETURN *(X one)*	b. AUTHORITIES TO WHOM ABSENTEE SURRENDERED OR BY WHOM APPREHENDED *(X one)*			
(1) APPREHENDED	(1) MILITARY	(2) CIVIL	(3) FBI	(4) DIS
(2) SURRENDERED	(5) OTHER *(Specify)*			

c. PLACE OF INITIAL RETURN	d. DATE/HOUR OF INITIAL RETURN *(YYYYMMDD)*

e. REQUIRED ACTION *(X one)*			
(1) RETURN TO MILITARY CONTROL	(2) RETAINED BY CIVIL AUTHORITIES	(3) CIVIL CHARGES	(4) SAFEKEEPING

f. MILITARY ORGANIZATION AND INSTALLATION OR CIVILIAN LOCATION	g. DATE RETURNED TO MILITARY CONTROL *(YYYYMMDD)*

8. DISPOSITION OF ABSENTEE

a. ACTION BY MILITARY AUTHORITIES *(X one)*		b. TO *(Name of Command in charge of absentee)*	c. COST OF TRANSPORTATION *(To be charged to the individual's account)*
(1) RETAINED	(2) TRANSFERRED		$
(3) TECHNICAL ARREST ORDERS	(4) GUARD		

9. REMARKS *(Include location of Service, Pay and Health Records)*

10. AUTHORIZING OFFICIAL

a. TYPED NAME *(Last, First, Middle Initial)*	b. GRADE	c. TITLE
d. ORGANIZATION	e. SIGNATURE *(Sign all copies)*	f. DATE SIGNED *(YYYYMMDD)*

DD FORM 616, DEC 1999   PREVIOUS EDITION IS OBSOLETE.